



Polish American Arts Association

2017 ANNUAL SCHOLARSHIP GRANT APPLICATION

Name _____
First Middle Last

Resident Home Address _____

City State Zip Code

College or University _____

College Address _____

Telephones (personal cell) _____ school/work _____

Email _____ **Citizenship** _____

Date of Birth _____ **Place of Birth** _____

Year at school at time of application _____
(Freshman, Sophomore, Junior, Senior, Graduate)

Areas of Study _____
Major Minor

Projected Date of Graduation _____ **Perspective Degree** _____

Applicant's signature **Date**

Send Application Form with all materials to:

PAAA Scholarship Chair
William J. Klepczynski, Ph.D.
1204 Whetstone Drive
Arnold, MD 21012-2397

Or a drop-box link with the materials included to:

wklepczy@comcast.net